| | | | | | | | | . Application or Docket Number | | | | | |
|--|----------------------------------|---|---------------------------------------|--------------|------------------------|------------------|----|--------------------------------|--|-----|----------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR | | | | | | | | | CISCP707 | | | | |
| Effective October 1, 2000 | | | | | | | | | 09903317 | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL E | NTITY | OR | OTHER SMALL | | |
| TOTAL CLAIMS | | | 5 ′ | | | | | RATE | FEE | 1 | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FE | 355.00 | OR | Basic Fee | ·710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 5 / minus 20= | | • 31 | | | X\$ 9= | | OR | X\$18= | 558 | |
| INDEPENDENT CLAIMS | | | 7 minus 3 = | | • 4 | | | X40= | | OR | X80= | 320 | |
| MU | LTIPLE DEPEN | DENT CLAIM P | RESENT | | | | | +135= | | OR | +270= | | |
| • 13 | the difference | in column 1 is | less than zero, enter "O" in column 2 | | | | | TOTAL | | OR | TOTAL | 1588 | |
| CLAIMS AS AMENDED - PART II | | | | | | | | IOIAL | L | Jon | OTHER | | |
| | G | mn 2) | (Column 3) | _ | SMALL | ENTITY | OR | SMALL | | | | | |
| ITA | | CLAIMS REMAINING AFTER | | NUN PREVI | HEST BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL | | RATE | ABDI- HONAL | |
| AMENDMENT A | . Total | • 50 | Minus | PAID | FOR | <u>.</u> | | X\$ 9= | FEE | OR | X\$18=/ | FEE | |
| MEN | Independent | . 47 | Minus | E | 1 | = | | X40= | | OR | X80= | | |
| | FIRST PRESE | NTATION OF M | ULTIPLE DEP | ENDEN | CLAIM | | | 405 | | 1 | +270- | | |
| | , | | ٠ | | | | | +135= | | OR | TOTAL | <u> </u> | |
| | 10/4/16 | 4 | | | • | | | ADDIT. FE | | OR | ADDIT. FEE | | |
| _ | 10 Y / JL | (Column 1) | | | imn 2) HEST | (Column 3) | 4 | | Lippi | 1 | | | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | . , | PREV | MBER HOUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| 100 | Total | . 2/9 | Minus | ••• | 5] | = | | X\$ 9= | | OR | X\$18= | | |
| AME | Independent | NTATION OF M | Minus | ENDEN | T CI AIN | - - | ┨ | X40= | | OR | X80= | | |
| ! | FINOI PRESE | HAILON OF M | | Liter | | <u> </u> | J | +135= | | OR | +270= | | |
| | | | | | | | | TOTA ADDIT SE | | OR | ADOIT FEE | | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| 2 | | CLAIMS REMAINING AFTER | | HIG NU | HEST MBER NOUSLY | PRESENT EXTRA | 1 | RATE | ADDI- TIONAL | | RATE | ADDI- TIONAL | |
| | | AMENDMENT | | | FOR | - | ┨ | | FEE | | | FEE | |
| | Total | • | Minus | * | | • | ┨ | `X\$ 9= | | OR | X\$18= | | |
| AMENDMENT C | Independent | • | Minus | *** | | <u> -</u> | 4 | X40= | | OR | X80= | sams park | |
| ╠ | HIRST PRES | NTATION OF M | VLIIPLE DEI | ENUEN | II GLAW | <u></u> | L | +135= | | OR | +270= | | |
| * If the entry in column 1 is less than the entry in column 2, write "V" in column 3. "If the Trighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE | | | | | | | | | | | | | |
| - | "If the "Highest No | mber Previously F mber Previously Pr mber Previously Pr | Paid For IN TH | S SPACE | is less th | an 3, enter "3." | | ADOIT, FE | | | | | |

FORM PTO-675

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